



### ANNEXURE - III



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

Regd. Office : At. + P.O. + P.S.- Sabang  
Dist.- Paschim Medinipur, Pin- 721144  
Regd. No.- S/1L/31387

Pension and Group Schemes Dept.  
KMDO-1 16, C.R. Avenue , Kol - 7000 72

Application to join Group Insurance Scheme for **AAM ADMI BIMA YOJANA** and Nomination Form (to be obtained by the nodal agency from each member and retained with them after registration in Annexure IV)

To,  
The Secretary / President  
Ashadip Medical and Social Welfare Association  
Dear Sir,

I \_\_\_\_\_  
acknowledge

having read and understood the Rules which describe the terms and conditions of the above scheme arrange with the Life Insurance Corporation of India to provide benefits in the event of my death whilst still being and eligible member.

I now apply for admission as a member of the Scheme on the terms laid down in the Rules. The particulars in my respect are as under :

(Strike out, whichever is not applicable)

- a) Full Name (Shri / Smt) :
- b) Father's/Husband's Name :
- c) Occupation :
- d) Complete Address :
- e) Date of Birth : (Supporting document to be enclosed)
- f) Age    :
- g) Caste : SC / ST / OBC / OTHERS
- h) BPL Card No / Photo ID No :
- i) Marks of Identification :
- j) State of Health :
- k) No. of Children :

Name of Children	Age	Class	Name of School Which studying
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- |          |       |       |       |
|----------|-------|-------|-------|
| 1) _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ |

I hereby nominate the following person/s to whom the sum assured under the scheme shall be paid in the event of my death while being covered by the above scheme. The nominees shall share the policy monies equally.

Sr. No.	Name	DOB	Age	Relationship	Address
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- |          |       |       |       |       |       |
|----------|-------|-------|-------|-------|-------|
| 1) _____ | _____ | _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ | _____ | _____ |

Name of Appointee, If Nominee is minor

- 1) Name of Appointee :
- 2) Relationship with Nominee :

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Appointee

Nomination registered on \_\_\_\_\_ of \_\_\_\_\_  
Register of members Vide Sr. No. \_\_\_\_\_ of \_\_\_\_\_

SEAL Signature of Authorised Official  
of the Nodal Agency